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Corrigendum to "The medial pulvinar as a subcortical relay in temporal lobe status epilepticus" [Seizure: Eur J Epilep 81 (2020) 276–279]

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The authors note that the version of figure 2 that was published in their article is of poor quality and provide a higher quality version of the figure below.

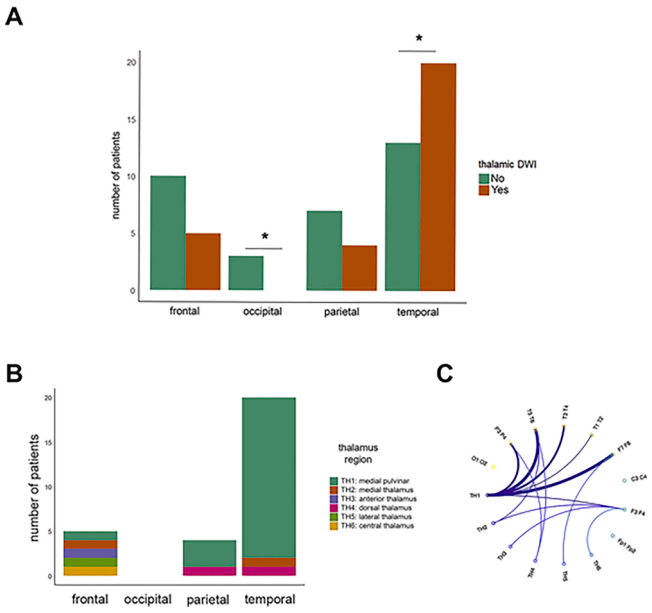

Fig. 2 Prevalence and localization of thalamic findings depending on the localization of the EEG focus.

(A) The prevalence of DWI-restrictions was significantly higher in cases of SE localized in the temporal lobe (20/33, 60.6 %) as compared to cases of parietal and frontal lobe SE (4/11, 36.4 % and 5/15, 33.3 %). None of three patients with occipital SE had DWI-positive MRI scans. MRI scans rated as DWI-positive are represented in red, negative scans in green. (*$p < 0.05$).

(B) Distribution of the different thalamic diffusion restriction patterns depending on the localization of the EEG focus. Among the 20 cases of temporal SE with positive MRI scans Region 1 was involved in 90 % (n = 18) of the cases, Region 2 and 4 in one case each. All four patients with parietal SE had diffusion restrictions in the pulvinar, in three cases in Region 1 (3/4, 75 %) and in one case in Region 4 (1/4, 25 %). EEG-electrodes Fp1/2, F3/4 and C3/4 were attributed to the frontal lobe, F7/8 and T1–6 to the temporal lobe, P3/4 to the parietal and O1/2

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to the occipital lobe. Thalamic regions: Medial pulvinar (TH1), medial thalamus (TH2), anterior thalamus (TH3), dorsal thalamus (TH4), lateral thalamus (TH5), and central thalamus (TH6).

(C) Connectivity diagram showing the strength of the connections between the epileptic cortical focus and the different thalamic regions. The thickness of the line reflects the number of cases where DWI restrictions in a specific thalamic region were observed in patients with SE in the respective cortical region. The anterior (F7/8) and posterior (T5/6) temporal region were each associated in six cases with diffusion restriction in the PuM, the middle temporal region (T3/4) in five cases and the parietal derivations (P3/4) in three cases. The inferior temporal region (T1/2) and the frontal electrodes (in particular F3) both were associated with findings in PuM in one case.